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HEALING ART

MEDICINE is an Art, and its practitioners should be artists. Before the technical growth of science, every doctor had to be himself a man of skill and learning in the wisdom of the mind and emotions; he cured by imagination rather than apparatus, by the magic impact of his personality on his patients, not by mechanical analysis and repair. The increasing knowledge of the body's mechanism in the last century has tended to conceal the importance of this quality, while the complexity of rational civilization has increased the need for it.

Eleven years ago Mr. Adrian Hill went into a sanatorium with pulmonary tuberculosis. While he was there he found that his painting was the key to return to activity of life and mind, the perfect antidote to the mental poison of prolonged illness. Later he realised that others would benefit too, and by continuous exertion and the persuasion of results has now brought many patients and a few doctors to agree with him. The British Red Cross Society and the National Association for the Prevention of Tuberculosis have organized the provision of Art Therapy in over a hundred sanatoria in Great Britain, and similar work is being started in other countries. A committee of the South-West Metropolitan Regional Hospital Board is trying to assess the value and the cost of the method, and many mental hospitals already wear the aspect of studios.

For the well a means of relaxation and mental refreshment, enthusiastically supported by Winston Churchill and others, painting can be for the sick a life-line. First, it is easily managed by the most bedridden; and those who say they "could never draw at all" prove as capable as the overtly artistic.

Second, an occupation of any sort is of great value to the nearly-stagnant sufferer: art is in this respect a tool of Occupational Therapy. Third, and perhaps most vital, it is a means of expression, conscious or unconscious, which liberates the personality from morbid introspection and the tedium of daily routine, and may be of diagnostic use in psychiatry. Lastly, a number of latent talents have been discovered, and a path opened to self-maintenance in convalescence and recovery.

Although a clever novelist can bring profit and amusement out of a year in a sanatorium, and a journalist has reported his illness as he would any other "story," for most victims of protracted illness there is a grave likelihood of mental degeneration implicit in confinement to bed. Anything which will help to counteract this decline is valuable, and is a weapon of healing appropriate to a physician. The material requirements are small. Paint-boxes, pencils and canvas are not going to compete with the synthesis of cortisone for the funds of the State, any more than their use implies a neglect of conventional therapy. Nor is general assent to this argument sufficient to produce results; the individual must still be treated alone, and given that personal attention that is so difficult to reconcile with bureaucracy. William Blake declared that:—

He who would do good to another must do it in Minute Particulars. General Good is the plea of the scoundrel, hypocrite, and flatterer: For Art and Science cannot exist but in minutely organised Particulars.

Medicine, we have said, is an art. Art can also be a medicine.

LIVER BIOPSY

By RICHARD TERRY

THE characteristic histology of the liver in many disorders makes biopsy of the liver an obvious and valuable procedure, provided there is no undue risk and the indications and contraindications are recognised and observed.

There are three methods of obtaining the biopsy. Wedge biopsy taken after laparotomy provides excellent material and allows inspection of the liver; however, when liver biopsy is indicated, an abdominal operation is often inadvisable and Womacks (1947, 1949) is one of the few supporters. Peritoneoscopy permits inspection of the liver as well as biopsy and is often valuable in malignant disease of the liver, but the specimen is small and superficial, and often inadequate in other conditions. Thirdly, a core of liver may be obtained by passing a needle through the chest or abdominal wall: this method is here called needle biopsy of the liver and has been used in this hospital since December 6, 1947, on one hundred occasions.

Indications

The indications have been regarded as:—

1. Jaundice, when the cause is uncertain. N.B. During the first ten days and after two months, parenchymatous and obstructive jaundice have similar histology.

2. Hepatic enlargement of unknown origin.

3. Malignant disease, when liver involvement is suspected and especially if surgery is planned.

4. Hepatic disease, in which precise diagnosis is otherwise difficult: fatty infiltration, acute, subacute and chronic hepatitis.

5. Obscure systemic disease, when other diagnostic methods have failed: amyloidosis, polyarteritis nodosa, hæmochromatosis, sarcoidosis, Gaucher's disease, abdominal reticuloses, aleukæmic lymphatic leukæmia, myelosclerosis, undulant fever, glandular fever, miliary tuberculosis, kala-azar, and schistosomiasis.

6. The investigation of portal hypertension, splenomegaly, and hypersplenism. Sherlock (1949) states that splenectomy is not carried out at the Postgraduate Hospital, Hammersmith, without preliminary liver biopsy.

7. The investigation of the state of the liver in constrictive pericarditis.

8. The evaluation of treatment in fatty infiltration of the liver, homologous serum jaundice and infective hepatitis.

Contraindications

The following contraindications have been observed:—

1. Hæmorrhagic states, not responding to treatment. These include abnormal bleeding and clotting times, thrombocytopenia, and a prothrombin level below 65%.

2. Marked anaemia.

3. Absence of superficial liver dullness.

4. Senility.

5. Inability of the patient to co-operate, because of age, marked dyspnoea, agitation or mental deficiency.

6. The suspicion of liver abscess, hydatid disease or active cholangitis.

7. Infection in the right lower chest.

Ascites and congestive heart failure (even with tricuspid regurgitation and pulsation of the liver) have not been regarded as contraindications.

Method

The instrument and technique described by Gillman and Gillman (1945) appeared safe and efficient, and after modification was adopted. The instrument consists of a special 20 cc. syringe carrying a needle 15 cm. long and 1.8 mm. in bore, with a stylet attached to the plunger. The stylet has a flattened side, allowing the pressure within the barrel to be transmitted along the needle. A spring-catch mounted on the syringe-cap engages notches on the plunger rod and maintains the plunger in position against negative pressure.

After preliminary sedation and local anaesthesia, the needle is introduced transpleurally, usually through the seventh intercostal space in the anterior axillary line. After telling the patient to stop breathing, the needle is advanced into the liver about 0.5 cm., and then with the left hand holding the syringe handle stationary, the right hand thrusts the barrel forwards and so drives the needle into the liver, punching out a core as it advances. (In other words, the movements are opposite of those used in aspirating a

fluid, when the left hand holds the barrel stationary and the right hand withdraws the syringe handle.) The needle is removed after 1.5 to 3.5 seconds within the liver and the core of liver gently extruded into 10% formol saline.

Comment on Method

This combination of needle, stylet and syringe in one instrument allows the biopsy to be carried out in one brief movement. In the widely used method of Iversen and Roholm (1939), a trocar and cannula are introduced into the liver, the trocar removed, the cannula advanced to make the biopsy, a syringe attached to the cannula, the core sucked into the barrel by withdrawing the plunger and finally the instrument is removed. The patient holds his breath throughout and the method seems an ordeal for both patient and operator. The Vim-Silverman needle is popular in the U.S.A., but Brick (1948) states that the method requires 2 to 5 minutes after local anaesthesia is induced, and Davis (1947) states that the material is "usually macerated and cellular detail is distorted."

Some advise the subcostal route, but it has been responsible for all the reported perforations of hollow viscera. It must be remembered that growths of the colon, kidney and suprarenal may sometimes infiltrate the liver and imitate hepatomegaly, a danger referred to by Schiff (1949) and encountered twice in recent months in this hospital.

Many articles do not mention failures. Early failure rates of 40% were experienced by Watson (Greene, 1944) and Schiff (1949), and of 22.5% by Iversen and Roholm (1939). Schiff now reduces his percentage of failures by repeating the puncture two or even three times! Gillman reported failures in only 5% and a similar figure has been achieved in the present series.

Complications

Complications reported in the literature include hæmorrhage from the wound in the liver, hæmothorax, pneumothorax, perforation of a hydatid cyst, shock, perihepatitis and perforation of gall bladder and colon. No complication occurred in the present series.

Mortality

Without the present knowledge of specific contraindications and in ignorance of hypoprothrombinæmia and other hæmorrhagic

states, early attempts at liver biopsy caused an alarming number of complications and deaths, and the procedure rightly fell into disrepute. Mortality figures of 2.0% were widely quoted and discouraged many interested in the problem. However, Iversen and Roholm (1939) in Scandinavia, and Sherlock (Dible *et al.*, 1943) in this country demonstrated the safety of liver biopsy and since 1939 the following results have been reported:—

Author	Biopsies	Deaths
Gillman (1948)	1,000	1
Sherlock (1949)	450	2
Cogswell <i>et al.</i> (1949)	403	0
Roholm <i>et al.</i> (1942)	297	2
Volwiler <i>et al.</i> (1947)	278	1
Beek <i>et al.</i> (1943)	200	0
Topp <i>et al.</i> (1948)	150	0
Awad (1949)	130	0
Davis (1947)	128	0
Koch <i>et al.</i> (1948)	100	0
Parekh (1949)	100	0
Terry (1949)	100	0
Herrera <i>et al.</i> (1947)	72	0
Hoffbauer (1945)	65	0
McHardy <i>et al.</i> (1948)	50	0
Baron (1939)	48	1
King (1948)	48	0
Beierwalters <i>et al.</i> (1946)	30	0
	3,649	7

Total mortality = 0.19%

Even at this low mortality, the death of a single person whose prognosis was good would undermine confidence in liver biopsy. It is therefore reassuring to discover that these seven deaths occurred in patients who were suffering from the following incurable conditions:—

1. "A huge tuberculous liver." (Gillman)
2. Acute necrosis of the liver. Autopsy showed a lethal degree of liver damage. (Sherlock)
3. Acute necrosis of the liver, general paralysis of the insane, and carcinoma of the rectum. (Sherlock)
4. Carcinoma of the head of the pancreas. (Roholm)
5. Malignant glands in the portal fissure. (Roholm)
6. Hepatic amyloidosis. Bleeding spread in the friable liver and led to gross disruption. (Volwiler)

7. Diffuse hepatic metastases. (Baron)

Death followed hemorrhage in all seven instances; in cases 4, 5, and 7 no Vitamin K was given.

Summary

The indications and contraindications for liver biopsy are outlined.

A satisfactory method of needle biopsy of the liver is described: this method has been employed in this hospital in 100 biopsies without complication.

The result of a recent survey of the literature is given, showing a mortality rate of 0.19%.

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MR. REGINALD M. VICK, O.B.E., M. CHIR.

THE retirement of Mr. Vick from active work at Bart.'s, though not from practice, merits notice in these pages.

It is over 40 years since Mr. Vick entered Bart.'s from Jesus College, Cambridge, and Bart.'s and Cambridge have remained his greatest interests. The flourishing "Club" for Cambridge graduates at Bart.'s owed its success to his indefatigable work as secretary. It is not appropriate here to list the stepping stones by which he reached the staff, nor should we journey with him to France and Salonica in World War I. In 1919 he moved into the Warden's House of the old Residential College, to which he was soon to bring his bride. He was elected an Assistant Surgeon in 1920, and became one of the most able and popular teachers. I can remember 30 or 40 men following him into the East Block at 1.30 p.m. on Wednesdays, especially when the F.R.C.S. exams were near. He believed in teaching by the bedside or in the practical surgery room rather than by formal lectures, though you have all heard for yourselves how well he can deliver the latter. He

loved practical illustrations and cautionary tales of what not to do, and conducted his teaching mainly by question and answer, with a knack of getting answers even from the dullest. His own responses sparkled with wit but were never unkind.

It was natural that he should prove an ideal examiner, and for 29 years his services have been sought by the Court of Examiners and the boards of five Universities.

World War II took him from Bart.'s to a hospital less worthy of his talents, but even there the welfare of the patients and the students was his constant aim. It was largely due to his efforts that the hospital became imbued with the Bart.'s spirit, and that those who worked or studied there had happier memories than seemed likely at the beginning.

Mr. Vick is to give his final clinical lecture at Bart.'s on Wednesday, October 5th, and will address the Abernethian Society on Thursday, December 1st. All his colleagues and old students wish him long life and happiness.

—
SURGEON.

DRINK, DRUGS AND DOCTORS *

By W. R. BETT

LUCKILY a title is like a spider's web—it entangles the weak, but it is broken by the strong. This afternoon, I shall talk not about, but round about, the title of my subject which, in all its alliterative allure, has, I confess, been thrust upon me.

Some of you may recall a popular song which included these lines:—

“Ashes to ashes and dust to dust,
If the women don't get you, the
co-caine must.”

Let me begin with that great, but elusive surgeon William Stewart Halsted (1852-1922), who, to the casual observer at least, spent most of his time trying to escape from patients and students alike and in the intervals as it were founded in the United States of America a school of surgery to be compared in stature only with that of Billroth in Vienna. A strange personality, shy and remote, possessed of a caustic wit and of a couple of exacting dachshunds, Halsted loved to search the pages of the dictionary for long and unusual words, which he might inflict upon his company. As a young surgeon in New York he exuded physical and intellectual vigour. After 1885, however, people began to notice a change in him. In the course of his pioneer experiments on conduction and infiltration anaesthesia by cocaine he became an addict to that drug. His three associates died miserably. He himself was taken in hand by William Henry (“Popsy”) Welch, who accompanied him on a trip to Europe and eventually succeeded in breaking him of the cocaine habit, but it is doubtful if Halsted was ever the same again. The evil drug had left too deep a mark upon him.

In the annals of medical history Halsted is reverently spoken of as the man who introduced rubber gloves into surgery. For the sake of historical accuracy it must be recorded that the intention behind this revolutionary venture was not to eliminate the surgeon as a source of sepsis, but merely to protect the delicate hands of his theatre nurse—the future Mrs. Halsted—from the strong mercuric chloride solutions extensively used in those days.

Let us turn to three Bart.'s men; quite a mixed lot, I am afraid, but that makes them all the more fascinating. My first two

characters are on the shady side. A native of Portugal, Roderigo Lopez is remembered in the history of the Hospital as having been its first resident house-physician, being rewarded with a house, a garden, coal, and the munificent sum of forty shillings a year. Those trained at other hospitals will more likely remember Lopez as the man who plotted against the life of the Virgin Queen. Having wormed his way into the Court, in 1586 Lopez was appointed physician to Queen Elizabeth, who apparently thought very highly of him, but whom he was afterwards accused of attempting to poison (the nature of the poison is not disclosed). For this crime he was hanged on purely circumstantial evidence.

Another Bart.'s man who died on the gallows was William Palmer who qualified in 1846. In the Library of the Royal College of Surgeons of England is preserved a students' entry-book kept between the years 1843 and 1858 by James Paget, Warden of the Residential College. His description of young Palmer is worth reproducing: “Idle, dissolute, extravagant, vulgar, and stupid.” What an epitaph to strive for! Both Paget and Palmer have attained the distinction of being included in the *Dictionary of National Biography*. Palmer's father was a wealthy man who died worth £70,000. The son was apprenticed to a firm of wholesale druggists in Liverpool and promptly ran away with their money. As a doctor in Rugeley, Staffordshire, Palmer was more interested in horse racing than in his patients, and sooner or later turned over his practice to his assistant. Several mysterious and highly suspicious deaths occurred in his home. An illegitimate child which he had by a Rugeley woman died after it had visited him. His mother-in-law, persuaded to live under his roof, died within two weeks, Palmer, of course, inheriting her money. A racing man, Bladon by name, stayed with Palmer who owed him a large sum of money, and promptly said goodbye to this life. The next on the list were Palmer's wife and his brother Walter, whose lives had been insured for £13,000 each. Of the five children by his wife four died rather suddenly in infancy. The eldest lived to see his father hanged.

Palmer was a practised poisoner whose technique was first to reduce his victim to a condition of weakness and prostration by

* An address given to the Devon & Exeter Medical-Chirurgical Society on March 17th, 1949.

repeated doses of antimony. The old scoundrel always preached the advisability of drinking one's liquor (in which the poison was administered) at one draught, in order to obtain the full flavour and beneficial effects of the spirit—and the poison. This Palmer technique paid full dividends till the final tragedy of John Parsons Cook, his betting associate, who was systematically dosed with antimony and ultimately poisoned with strychnine. Though Palmer was convicted of, and hanged for, the crime, the evidence was entirely circumstantial, the medical testimony given by thirty-seven doctors being particularly conflicting. Some of the most eminent medical men of the time expressed expert opinion; Sir Benjamin Brodie, Alfred Taylor, Robert Cristison, George Owen Rees, Thomas Blizard Curling. Contemporary accounts describe William Palmer as courteous, sympathetic, and bland; his face was honest, calm, passionless, and truthful, and his voice low, unctuous, almost tender, the very smoothness of the man suggesting a stealthily creeping reptile!

Another man who played truant from medicine and shared Palmer's fate was H. H. Crippen. An insignificant little fellow with a sandy moustache and gold-rimmed spectacles, he came to London from America in 1900 as manager of Munyon's advertising business in patent medicines. It was here that an equally insignificant typist, Ethel Le Neve, dulled his affection for his wife, excitable, extravagant music-hall artiste "Belle Elmore." To this day the tale of how Crippen poisoned his wife to make room for his mistress remains shrouded in mystery. The chief features of medico-legal interest in this case are the identification of the body six months after death by an abdominal operation scar, and the detection of hyoscine in the viscera by Sir William Willcox. Incidentally, Sir Bernard Spilsbury made his first appearance in Court as an expert pathologist. Sir Edward Marshall-Hall advanced a most ingenious theory, suggesting a charge of manslaughter rather than of murder: Crippen was described as a weak little chap whose sexual energies were completely exhausted by the double demands made on them by his mistress and by his wife who apparently suffered from acute nymphomania. In order to depress his wife's appetite Crippen gave her five grains of hyoscine in a cup of coffee. That he, a fully qualified man, should have been ignorant of

the correct dose is a little difficult to explain. When Mrs. Crippen died suddenly, Crippen became panicky, cut up his victim, and buried the fragments under the floor of the coal-cellar. The head he took on a trip to Dieppe and dropped it overboard in a hand-bag. With his mistress disguised as a boy, the murderer fled across the seas. For the first time in the history of crime detection, wireless, then in its commercial infancy, was used to bring about the criminal's arrest.

A second ingenious theory may here be mentioned, put forward by Ingleby Oddie: Crippen decided to get rid of his wife by poisoning her with hyoscine and then attribute her death to fatty degeneration of the heart. His plans miscarried in that he gave her an overdose and she became hysterical. To stifle her cries he shot her with a revolver. In support of his theory is the evidence that shrieks were heard by the neighbours on that fatal night and a loud noise like the banging of a door.

If you agree with Rudyard Kipling that words are the most powerful drugs used by mankind, then you will welcome the intrusion into this portrait gallery of mine of another Bart's man—a great surgeon, a great pathologist, and one of the greatest orators not only of his profession, but indeed of his generation. Sir James Paget's public speeches were always studiously prepared and carefully learnt by heart, but when they were delivered they gave the impression of spontaneous eloquence—an impression deepened by slight but suitable pauses which, as it were, naturally interrupted the flow of his words. On the whole Paget was fond of the simple grandeur of monosyllabic Anglo-Saxon words. He did not care for words of undue length or of exaggerated importance. Of his style one characteristic example must here suffice. He is talking of John Hunter:—

"He was growing old; he had lately been very ill, and he knew that he was in instant peril of that sudden death in which, at last, he fell... Yet he would stand for hours, motionless as a statue; patient and watchful as a prophet, as if he were sure that the truth would come, whether in the gradual unveiling of new forms, or in the clearing of some mental cloud, or as in a sudden flash, with which, as in an inspiration, the intellectual darkness becomes light."

The relationship between drug addiction

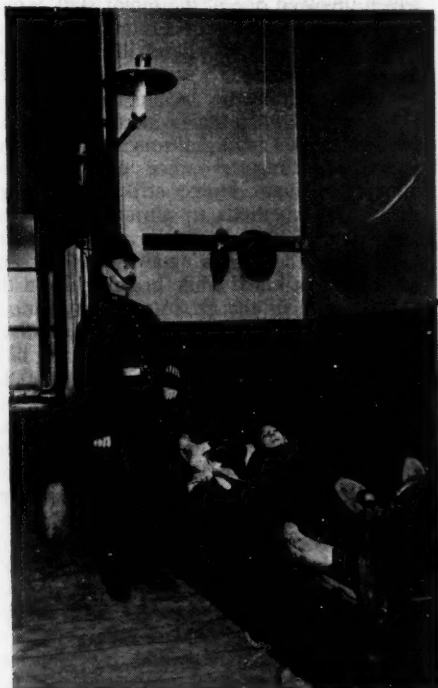
and literary—especially poetic—genius is as intriguing as it is obscure. To do justice to the subject would demand a whole course of lectures. It has been claimed, rightly or wrongly, that the following wrote with true genius because their partiality to drink or drugs paralysed their mundane inhibitions: Charles Lamb, Walt Whitman, Torquato Tasso, Swinburne, Byron, Verlaine, Baudelaire, Samuel Butler, Poe, Oscar Wilde, Coleridge, DeQuincey, Cervantes, Crabbe, Goldsmith, Addison, Swift, Steele, Pope, Gay, Herrick, Balzac, Dickens, Francis Thompson, and many, many more.

Few of his contemporaries suspected that highly respectable, genial clergyman George Crabbe—a truant from medicine, by the way—of being an opium addict. It is a fact, however, that that strangely beautiful, weird poem of his, *Sir Eustace Grey*, was dashed off in one night as the vivid recollection of an

opium dream. How many of you, I wonder, are familiar with its theme—a madman's narrative of his fiendish persecution for the slaying of his young wife's lover? You will enjoy reading it, remembering that it was penned by an opium eater.

Paul Verlaine provides a remarkable example of a poet who produced delicate, sincere lyric poetry at a time when he was suffering from a mania for alcohol. After his imprisonment following an unsuccessful attempt to shoot his friend Rimbaud, he gave up his dissipated mode of living and became a devout Catholic. It is a little startling to find that his later work, though possessing great beauty, falls short of the poetic stature of his earlier years. This certainly makes one think! On this note of bewilderment I shall call a halt to this rambling anecdotal story.

FORTY YEARS ON



A DOCTOR REMEMBERS

By LLEWELLYN PRIDHAM

MEDICAL students are less exuberant than they were in my time, and this change, I think, is the reflection of an increased sobriety in the outlook of the nation, which is more temperate after two wars of horror and the threatened possibility of complete annihilation ahead. But let us travel back just thirty odd years and take a look at how life went in those distant days.

I came up to St. Bartholomew's in 1912, whither my brother had already preceded me. My mother insisted on her sons going to Bart.'s, where her husband had learnt his job... that fact clinching the matter so far as she was concerned.

At that time the hospital could not have altered much since his day; the blocks of buildings must have seemed just as imposing to him in their Georgian splendour as they did to me. The mansion-like tiers of wards surrounded the great square with its central fountain and luxuriant plane trees. The latter thriving in spite of fogs, fumes and comparative darkness, owing to the fact that they continually shed their bark, thus perpetually renewing their youth.

Thousands of doctors know this spot, and the begrimed stones that compose the ornamental centre-piece must conjure up for them memories as sincere and reverent as the *Ka'aba* of Mecca does for the Moslem world. A million cigarettes must have been discarded as the physicians and surgeons came in through the Henry VIII gateway to conduct their students round the wards—the length of the queue behind each individual “chief” being exactly proportionate to his popularity and teaching capacity. It would be invidious to pick out any particular man in such a galaxy of talent, but Dr. Thomas Horder—now Lord Horder—had always a large following. He was famous for his sarcasms, and I remember he waxed mirthful over one unfortunate youth. Having asked this nervous individual to examine a pulse, he told him—to save time—to count it for half a minute only, and then double the figure obtained so as to achieve a proper number for comparison with the normal. The confused man came out with an uneven figure, and there followed many good-humoured quips as to his powers as a mathematician.

Having already passed my first medical exam, I went straight into “the rooms.” It is a bit of an ordeal for the young student when he first makes acquaintance with the “specimens.” However, all thought that the body once encased a human soul is soon forgotten as the earnest student concentrates on the unbelievably intricate structure.

Having one day penetrated out of curiosity into the vaults beneath “the rooms” I heard the thud of a door being banged accompanied by the grate of a key. It occurred to me with an unpleasant shock that I was shut up in these vaults for at least an hour while the attendant was away at his dinner.

Down there was spent the longest of hours in the gloom and shadows, surrounded by all the emblems of death, only made the more sinister by the glimmer of a flickering gas-jet. Though not a particularly superstitious young man I was delighted to see the familiar features of “Old Hallet” reappear.

About this time there leaked out a tale which involved one of the senior staff, a man whose name is now world-famous. The yarn had a wide circulation and illustrates most forcibly the power of a strong mind over one of inferior calibre.

It occurred when the “Votes for Women” campaign was raging through the country and the suffragettes were pursuing their militant methods; hunger-striking and using all possible methods to attract attention to their claims; padlocking themselves to park railings and then throwing away the key; and one was even killed while bringing down the King's horse in the Derby of that year.

I remember witnessing a scene in Hyde Park, near the Marble Arch, in which a hay-wagon crowded with partisans of “the cause” was attacked by a mob of folk out for a little fun on an otherwise dull Sunday afternoon; the unfortunate occupants being chased all the way down Park Lane and compelled to take refuge in the mansions of that select neighbourhood.

This particular physician, whom the story concerns, brought down on his head all their wrath by making an injudicious speech condemning their methods. Doctors usually keep out of politics, that is if they wish to retain half their patients; and this “butting-in” was greatly resented by the suffragettes.

They had their male supporters, and one of these vowed he would "get" the offending consultant and give him the thrashing of his life.

Shortly after this statement, he gained admission to the doctor's consulting-room. As the door closed behind him, he, significantly enough, produced a riding-quirt from beneath his coat.

The doctor, no doubt, noticed the size and strength of his visitor, but he pretended to pay no attention to his ugly weapon, though the big man's face was familiar to him through the columns of the illustrated press.

The physician rose from his chair and placed both his hands on the make-believe patient's shoulders, pressing him into a comfortable seat. The gentle touch was almost a caress, and the doctor's face had assumed an expression of deep concern.

The man allowed himself to be thus cajoled; it would be rather amusing to put off the castigation and dally awhile with his frail victim.

But the fellow did not realise what he was up against; and held by the semi-hypnotic gaze of the physician's eyes he found himself divested of his shirt and his chest being tapped, and examined by a poised stethoscope. In a matter of minutes he was completely at the mercy of the alarming doctor; and was soon convinced that he was suffering from, indeed, a fatal disease.

While the shivering man donned his clothes, the doctor excused himself on the pretext that he had to ring up the Harley-street chemist about some drug suitable for his patient's condition. But instead of the druggist the police were communicated with.

Of course, the medico realised his awkward position from the start and his nimble mind dealt with the situation in the manner described.

To diverge a little, another instance of the effects of mind over matter happened a few years later when I was serving with the Grand Fleet at Scapa Flow. The incident occurred on one of the P. & O. hospital ships.

A lascar seaman had the misfortune to upset a pot of paint over the immaculate planking of the promenade deck. He was severely reprimanded, and as a result the native took to his bunk, announcing his intention of dying. The brains of the whole medical staff were brought into play in order to combat this declared intention. He was examined but nothing was found organically wrong with him. Excellent food was

supplied and he was watched while he partook of it. In spite, however, of all that science could do for the oriental, he slowly faded out of existence. A post-mortem was performed, but no material reason could be found to account for his death, and the whole affair remained inexplicable to western notions.

To diverge again from medical matters for a time, let us pass under the colonnade of the British Museum. In the Egyptian Hall are exhibited the mummies of that ancient race. It is an open question, whether or no, these relics of a bygone civilisation should be exhibited to every inquisitive, if not ribald, Tom, Dick and Harry.

There was one painted mummy-case on which was depicted the figure of a priestess of Amen-Ra; this apparently harmless object gradually became surrounded with an aura of malignancy. People who observed her features too closely or mocked at the image suffered grievous misfortune. The Press, always ready to make a "stunt" about anything bizarre or out-of-the-way, made great play with the facts.

With that love of the macabre, which so many of us possess, queues of British citizens lined up to take a look at the baleful lady.

Accompanied by my young brother I went to the museum to gaze at the treasures. Coming into the "Mummy Room" he attracted my attention to one particular case. "This is the old girl whom all the fuss is about . . . see, there's her description!"

I remember it was a dark, foggy day—the lights had not been switched on yet—and we two were alone in the gloomy gallery. In spite of the oppressive atmosphere, the young devil beside me began to make game of the painted lady. There was not a vestige of superstition in his make up, but I became a victim of acute depression . . . a sense of evil seemed to surround me.

Two years later the 1914 war was raging and my brother, Trevor Pridham, volunteered as a gunner in the R.F.A. He was sent to India and served at Ferozepore. Invalided home from there, the youngster was on a trooper coming through the Red Sea, when he was attacked by a malignant form of "flu." The already frail body could not withstand this culminating blow, and he died, being buried at Suez, in Egypt.

Just a coincidence?

The fountain in the central square at Bart.'s is a nicely proportioned bit of stonework, surrounded by a basin which is always kept filled to the brim. It is a legendary tale that anyone who offends against the unwritten customs and codes of the hospital shall be ducked. This punishment is a severe one, as not only is the water chilly, but it must be difficult to obtain a change of clothing; besides which all the nurses and patients looking through the ward-windows are there to watch the ignominious figure crawl out of the basin.

This "execution" only took place once to my knowledge while I was at the hospital. The tale spread around that a first-year student had written to the *Times* contradicting a statement made in that paper by one of the senior staff. Now the student is jealous of these hospital big wigs, their honour is his honour, and on being asked to form one of the party of "throwers-in" I reluctantly accepted, not troubling to make sure of the truth, which was probably garbled.

Anyway, we seized the unfortunate youth, who was in entire ignorance of what the commotion was all about, carried his protesting body into the square, swung it three times and then heaved it into the slimy water.

We walked away feeling rather shamefaced, and I personally have regretted it ever since. At the least, we ought to have made allowances for the fact that he was not yet aware of our peculiar shibboleths.

Cup-ties usually produced a "rag" on the field of play. University College, when they were engaged in such a contest, escorted "Phineas" to the field of battle, and flaunted him before their opponents in much the same manner as the Irishman is supposed to trail the tails of his coat. This object was the figure of a Scotsman, about six feet high, brightly painted, carved out of solid wood and in the act of taking snuff. He was the trade-mark, I think, of a Tottenham Court Road tobacconist or furniture dealer; the students giving him an annual outing.

Before play commenced a battle was joined over the mascot, our side striving to capture the figure as a trophy. This ended in a deadlock as the Scotsman was too heavy to be moved except by a squad of men working together. I remember the forcible tearing off of an arm, which was subsequently returned.

Guy's had their famous "milk-can" as a rallying point, and I really believe a student of that famous hospital would suffer bodily harm in defence of his treasured jug.

Talking of "rags" my elder brother, after coming up to Bart.'s, took part in one that concerned the notorious statuette to the "little brown dog" of Battersea. The inscription underneath was the cause of the trouble, which cast a slur on the humanity of the medical profession.

Anyway, a procession was formed to protest, and it marched through the West End. Trouble soon started, probably some policemen's helmets were seized—always coveted trophies. Battle was joined and there took place a rare skirmish. Several students were arrested, among them being my unfortunate brother, who was taken to Vine Street.

He spent the night in the cells, and was up before the "Beak" in the morning who let the prisoners go free on the paying of small fines. Imagine my mother's horror on reading the proceedings the next morning. There staring at her was the hitherto unblemished name of "Pridham." But she soon viewed the whole affair in its right proportions and dismissed the "crime" from her mind.

A year later there was another "rag," this time of a much more serious nature. That famous man, Ben Tillett, who has done so much for the "working" classes, intended addressing a meeting at the Albert Hall. For some obscure reason all the students of London were up in arms against him. They held a combined council of war and it was decided that while one party stormed the hall, another should attack the power-station, immediately behind the great building, which supplied it with light.

I was a member of the first contingent; we battered down the door and soon were inside the outer passage that runs round the central space. Then the stewards came at us! We had entered in a light-hearted spirit and were completely unprepared for the desperate body of men that attacked us with their cudgels. Lean, hard fellows they were with set jaws and glinting eyes; while we were simply engaged in a bit of fun.

The issue was never in doubt! The students were bundled out of the building in double-quick time.

Meanwhile the engineering men had broken down the two doors of the power-

plant and secured the staff. They then proceeded to dismantle one of the dynamos, fortunately not the one that lit the hall. If they had succeeded in plunging the vast building into darkness, the crush of people might have panicked and, no doubt, there would have been a disaster.

Several young fellows were arrested and heavy fines were inflicted, which were paid by a general subscription throughout the hospitals and university. So ended a very inglorious page in student-life.

When I was a third-year student that most spectacular operation—Cæsarian Section—was due to be performed. In connection with this same happening I committed what would, no doubt, have been considered by those in authority a most heinous crime.

I had a pal working in the City and he led a dull, desk-cramped life. The two of us were lunching together and, to cheer him up, I, there and then, entirely without thinking, invited him to come and view the operation. He, being an enterprising youth, accepted this unique offer of entertainment gladly enough.

We crossed the city street to the hospital, and entered the hot, steamy atmosphere of the theatre reeking with fumes of ether and antiseptics. Nurses assisted us into sterile robes, and he—unquestioned—took his place at the steel table.

To my dismay the young man's face, seen between the shoulders of my fellow students, momentarily became paler, beaded with sweat, while his eyes alternately closed and opened; and his obvious torment was apparently unrelieved by the audible sighs when the tension was broken by the wail of an infant so reluctant to be born.

As for me, I had endured one of the worst half-hours of my life wondering if this tyro would collapse and give the whole show

away, thus causing my expulsion from the medical school.

However, the fellow just managed to survive, but I don't believe he ever forgave me for treating him to such an experience for which, unlike myself, he had received no gradual initiation.

A party of us attended the "Derby" of 1914. A bus was hired for the outing and its most important cargo was a large barrel of beer... X.X.X. strength!

I remember sundry dealings with a down-at-heel bookie, who subsequently vanished into thin air before I could collect my winnings. Again there is a distinct recollection of myself fighting my way to the white fence bordering on the course; then there was a thunder of hoofs, a snap-shot view of straining, white-flecked horse-flesh, the momentary glimpse of vivid colour as the jockeys hurtled by, their silken shirts bellying, and the race of the year was over!

Whether or no the barrel had anything to do with it, I am not in a position to say, but that is all that recurs to me of Durbar II's Derby. Beer was beer in those happy years!

There followed the drive back to the hospital and through the hustling pre-war London streets; each pub had its group of costers dancing, care-free and happy, to the jangling lilt of a hurdy-gurdy. Outside all the little houses were lined up rows of chairs, where sat "Pa and Ma" surrounded by their relatives, out to see the gentry riding home; reserving a special cheer for a coach-and-four as it rumbled by: hoofs hammering, pretty ladies smiling, whip-lash a-flicker, and post-horn sounding.

This is the last picture of London life I can call to mind before 1914, which changed everything. The gear was about to crash into the cogs of Great Britain's juggernaut car for the long and tragic up-hill climb.

ABERNETHIAN SOCIETY

Meetings to be held in 1949:

- | | |
|-------------|--|
| October 20 | Professor Sir James Paterson Ross on "Your Patient and You." |
| October 27 | Dr. Charles Hill on "Current Events." |
| November 10 | Medical Films. |
| November 17 | Professor J. W. S. Blacklock. |
| December 1 | Mr. Reginald M. Vick. |

The subjects of the addresses for the last two meetings will be announced later.

Meetings will be held at 5.30 p.m. on October 20th and November 10th in the Anatomy Lecture Theatre, Charterhouse Square, and on October 27th, November 17th, and December 1st in the Clinical Lecture Theatre at the Hospital.

WILLIAM HARVEY, MAN-MIDWIFE

By C. P. WENDELL-SMITH

THE importance of Harvey's work in the field of obstetrics is not generally realised, nor is it given due recognition. Particularly is this so with respect to this hospital, there being no mention of his activities as an accoucheur in Sir Norman Moore's "History of St. Bartholomew's Hospital"; in fact, John Freke, born 31 years after Harvey's death, is cited as our first "improver of midwifery." Yet Aveling referred to Harvey as "The Father of British Midwifery," and Spencer's subject for the 1921 Harveian Oration was "William Harvey, Obstetric Physician and Gynaecologist."

William Harvey was "admitted to the office of the Physicon of this Hospital" in 1609. He had studied medicine under Fabricius ab Acquapendente at Padua, then the most distinguished university in Europe, in the tradition of Vesalius, Fallopius and Realdus Columbus ("a practical obstetrician"). Four years before he commenced his studies, Scipione Mercurio, a Paduan obstetrician, published the first Italian book on Midwifery, "*La Comare o Ricoglitrice*," which aroused much interest, and must certainly have been read by Harvey. With this background it is not surprising that his interests should include obstetrics and gynaecology.

What is surprising, however, is that he was allowed to practise unopposed, for until comparatively recent times obstetrics has been entirely in the hands of women, who resented the intrusion of the man-midwife; furthermore, fashion decreed that to be delivered by a man was immodest. So much was this so that a Dr. Viles of Hamburg was publicly branded—some say burned at the stake—for attending a woman in labour, himself disguised as a woman. Even more interesting, from the standpoint of the obstetrician's status, is the fact that most of the early men-midwives were not physicians but barber-surgeons, being frequently summoned by the College of Physicians for prescribing and practising medicine (the Chamberlens, of forceps fame, are notable examples). Yet William Harvey, physician and pride of the Royal College, chose to practise midwifery and did much for its advancement.

His life was full, and after his discovery of the circulation of the blood (1616), and the publication of "*De Mortu cordis*" (1628), he was "busily engaged in practice and in attendance upon the King, whom he served loyally in peace and war." The House of Commons Journals in 1644 record his withdrawal from the hospital as follows: "... Dr. Harvey, who has withdrawn himself from his charge, and is retired to the party in arms against the Parliament." After the surrender of Oxford (1646), he retired from the King's service and lived in the country.

Four years later he was visited by George Ent who "sought to rid [his] spirit of the cloud that oppressed it, by a visit to that great man, the chief honour and ornament of our College [of Physicians], Dr. William Harvey." Harvey showed Ent the manuscript of "*De Generatione Animalium*," which Ent carried off to the press "like another Jason with the golden fleece," and published early in 1651. This great work is divided into sections headed: On Animal Generation, On Parturition, On the Uterine Membranes and Humours, and On Conception.

The chapter on labour ("*de partu*") was the first original British work in Midwifery and justifies his title of "The Father of British Midwifery."

It consists in criticism of previous views (notably those of Fabricius) on the anatomy and physiology of parturition, with statements of his own opinions, substantiated by observations from what must have been a vast experience ("*Haud inexpertus loquor*").

The guiding principle, which Harvey adopted, "Nature must be our adviser, the path she chalks must be our walk," was watchful patience in ordinary cases and podalic version in cases, "where there is necessity for handiwork in the business." The rationale of this was Harvey's belief that, prior to labour, the foetus, which throughout the pregnancy lies head uppermost and back to the front, dives down head first, and "attacks the portals of the womb." He does not, however, deny the uterus an expulsive function, but believes this to assume prime importance only in preternatural cases



where the foetus cannot fight its way out. Thus he cites a case of stillbirth labour observed in a procident uterus, and elsewhere states that a mother may fail in her "expulsive office" (uterine inertia). "Hence when we chiefly depend upon the foetus, as being lively and active, to accomplish delivery, we must do our best that the head escape first; but if the business is to be done by the uterus, it is advisable that the feet come foremost," "they act as a wedge on the narrow uterine passages." The cause of labour Harvey finds to be, "that the juices within the amnion, hitherto admirably adapted for nutriment, at that particular period, either fail or become contaminated by excrementitious matter."

The signs of approaching delivery are excellently described and the duration of pregnancy is discussed at length. He quotes cases from the literature of five month and sixteen month pregnancies successfully terminated, but recognises the phenomenon of superfetation, again citing examples. He concludes that, "Prudent matrons—as long as they note the day of the month in which the catamenia usually appear, are rarely out of their reckoning; but after ten lunar months have elapsed, fall in labour and reap the fruit of their womb the very

EXERCITATIONES DE Generacione Animalium.

Quibus accedunt quaedam
De Partu: de Membris ac humoribus Uteri:
& de Conceptione.

AUTORE
GUILIELMO HARVEO
Anglo, in Collegio Medicorum Londi-
nensi Anatomicus & Chirurgiae Professor.



LONDINI,
Typis DU-GARDIANIS; impensis Othoviani
Palley in Coemeterio Paulino.
M. DC. LI.

day on which the catamenia would have appeared had impregnation not taken place." Cases of spurious pregnancy are recorded followed by the statement: "No arguments of mine could divest her of this belief. The symptoms depend on flatulence and fat."

Throughout this section illustrations are drawn from a wealth of clinical material and there can be little doubt that his experience was very wide—such remarks as "which I have often seen" abound. Much of his practical work was set down in his "Medicinal Observations," to which he frequently refers, but this, unfortunately, has been lost. We can, however, judge his repute and the esteem in which he was held by the words of his contemporary, Percy Willughby, who quotes Harvey no less than sixteen times in his "Observations in Midwifery," and attributes all his knowledge to him. "I know none but Dr. Harvey's directions and method, the which I wish all midwives to observe and follow, and oft to read over and over again; and in so doing they will better observe and remember the sayings and doings of that most worthy, good, and learned Doctor whose memory ought to be had for ever in great esteem with midwives and child-bearing women."

Thus William Harvey, Father of British

Midwifery, may be said to be the first "improver of midwifery" in the history of this hospital. In conclusion Spencer's 1927 Fitz-Patrick lectures are quoted:—

"England, though last of the great countries to produce a writer on obstetrics, was fortunate in having as a father Harvey, who introduced into that branch of medicine, the wide view, the scientific spirit, and the conservative practice which have been its characteristics, and made a great and lasting

impression on his followers, who were not confined to this country."

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CORRESPONDENCE

BRIAN RAIT-SMITH

To the Editor, *St. Bartholomew's Hospital Journal*
 Dear Sir,

One of the writers of your most fitting contributions about Brian Rait-Smith mentions the impossibility of discovering a recent photograph of him. I therefore venture to send you a snapshot taken at Hill End in the summer of 1941, before the onset of his sad ill-health.

Yours faithfully,

E. C. O. J.

4th September, 1949.



REMINISCENCE

To the Editor, *St. Bartholomew's Hospital Journal*
 Dear Sir,

I am sending you a copy of a certificate that was handed to the patient's mother by Mr. Watkins, the Steward of St. Bartholomew's Hospital, on April 10th, 1892.

The "patient" is now 63, and a very vigorous artisan.

He states that the case made a stir at the time, as it was said to be the first case of drastic operation for rickets [osteoclasia of both tibiae and fibulae for genu valgum].

Before the operation, he could get about quite nimbly—according to his Mother's accounts—by sitting flat on the floor and propelling himself along by his hands.

He thought he was in *John Ward*; and he remembers being taken across the Square to the operating theatre.

I entered Bart.'s as a Probationer in May, 1893, and I was first in Rahere Ward—then served by Mr. Howard Marsh, if I remember rightly. *John Ward* was *medical*—under Sir Dyce Duckworth.

It so happened that at that time my brother, A. A. Kanthack, was Pathologist to the Hospital, and I owe my admission to the Hospital as a Probationer to his influence. I later became Sister of Charity Ward, under Mr. John Langton, Mr. Bruce Clarke, Sir Henry Butlin and Mr. Lockwood.

My brother died in Cambridge in 1899, and Ernest Shaw was working in his laboratory there at the time. I was greatly interested in Ernest Shaw's reminiscences in a recent number of the *JOURNAL*.

Mr. Frederick Goodman has an undiminished devotion to St. Bartholomew's, and was glad to meet someone closely associated with it. He told me that when he was discharged "cured," the surgeon said to him: "Don't ever break your leg, for we can never set it for you!" He is a short, sturdy man, very quick in movement, and has enjoyed remarkably good health all his life since his operation at Bart.'s. He lives now in Wood Green.

My letter is lengthy, but I would like to add this: When I entered Bart.'s, three important features were unknown—there was no electric light; there were no telephones; and there was no central heating. We had gas-light, and strong lamps with reflectors; we had enormous open fireplaces in the ward—dusty and cheerful; and when a surgeon was required for an emergency operation, Tutton, one of the porters, took a hansom and bowled along to Harley Street and brought back one of the big Harley Street men (generally in evening dress).

We managed without a Psychiatrist in those dim times.

Yours faithfully,

E. V. de VOSS.

22, The Upper Mall,
 Hammersmith, W.6.

TAKING THE WATERS

By F. WINSTON

Illustrated by J. S. BUNTING

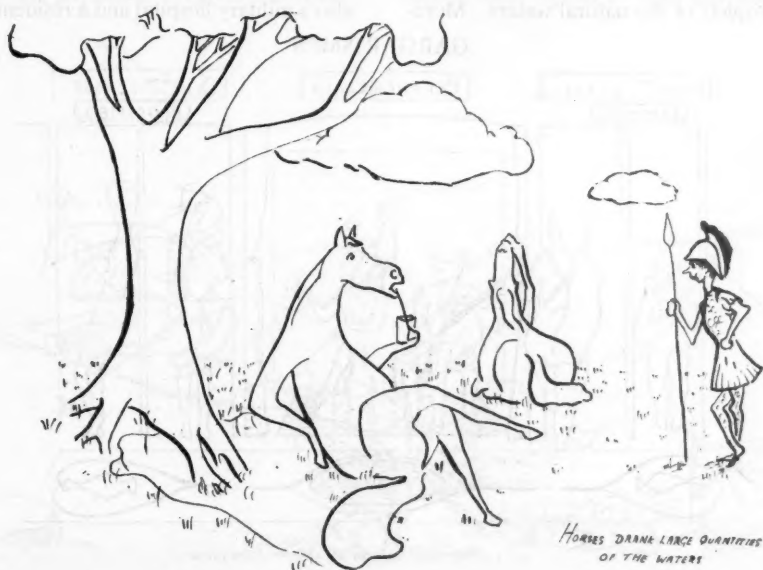
ONE does not take treatment at a French spa; one takes what is optimistically called "la cure." Among the more serious of these "cures" is that provided at Le Mont Dore, situated at an altitude of 3,000 feet on the banks of the Dordogne in the heart of the "Massif Central," Auvergne. Perhaps at no other spa is so much emphasis placed on the treatment and so little on social life and the fashionable round; though it must be admitted that while the doctors and the Thermal Establishment will endeavour to rid you of your complaint, the villagers are no less untiring in their efforts to rid you of your money. However, one cannot be too hard on them, for the season lasts only four months of the year—from June to September.

The population of Mont Dore is somewhere in the region of 500, but every summer is swollen by nearly 5,000 patients, tourists and hoteliers. From all over the world come the hopeful—the asthmatic, the emphysematous, the hay fever sufferers and the Great War gas casualties—bringing with them their coughs and their sneezes, their wheezes and their "sinuses"; all hoping for the relief they have not found elsewhere. Year after year they return; some finding complete relief after only one or two seasons, others



after ten or fifteen years still hopefully taking the "cure"; but practically all securing some amelioration of their condition.

The origins of Mont Dore are, to quote a cliché, lost in antiquity. It is believed that even before the Roman conquest of Gaul the local inhabitants knew of the properties of the natural spring waters found in this wild but picturesque valley. Certainly the Romans did. The remains of the Roman baths on the site of the present day Thermal Establishment are there for all to see; and the bust of a Roman in the typical aspect of an asthmatic in an acute attack is displayed in the entrance hall. The story is told that



HOMES DRANK LARGE QUANTITIES
OF THE WATERS

physician. For children whose parents cannot accompany them there are two "maisons des infants." Here it might be mentioned that the possibility of a complete cure is statistically in inverse proportion to the age of the patient. The Compagnie Thermale claim a hundred per cent. success in the case of children. The prognosis for adults is less favourable. No doubt many of the children treated would have grown out of their condition anyway, but nevertheless some remarkable results have been obtained. The average course of treatment is as follows:

In the morning, on an empty stomach, at seven or eight o'clock 100—150 gm. of thermal water to drink, then a liquid or vapour douche for some minutes followed by half to three-quarters of an hour in the "salles d'aspiration" at a temperature of 30—32 degrees centigrade. On return to the hotel a prolonged rest in a well warmed bed, and breakfast. Before lunch a further drink of thermal water. Towards the middle of the afternoon another glass of water followed by a foot bath of five or ten minutes and inhalation through the nose of thermal gases for a similar time. From time to time a bath to the waist in the mineral water at its natural temperature. Other varieties of hydro and inhalation therapy are available for individual requirements as prescribed by the physician. A special costume

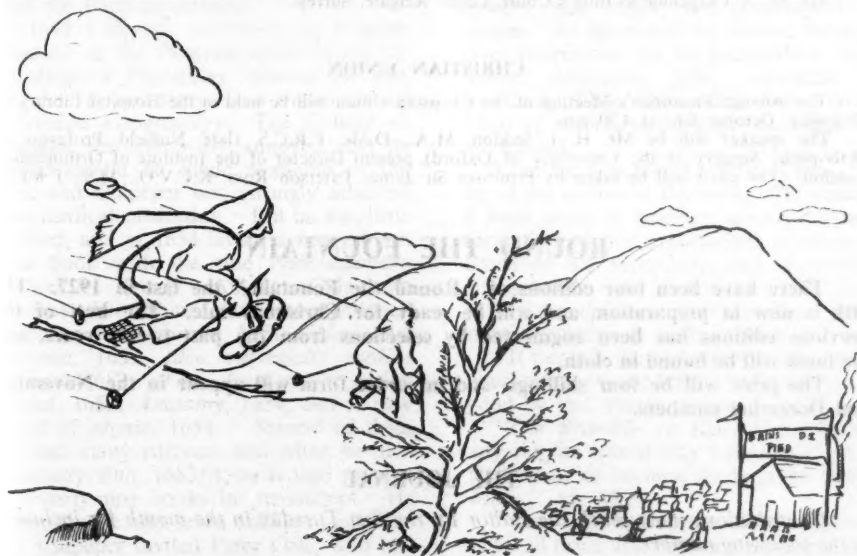
consisting of woollen jacket with cowl and "pantalons de cure" is worn to avoid catching a chill on coming out of the inhalation rooms.

Among the principal evidence of the action of the cure on the asthmatic state is the constant fall in the eosinophil count, the lowered pH of the blood and the reduced alkaline reserve on completion of the treatment. The anti-spasmodic action of the mineral waters has been demonstrated by perfusion of the isolated bronchus.

The average course of treatment costs £5—£8 in addition to the doctor's fees, which seem to vary according to the hotel at which you are staying.

Each patient has his own numbered glass at the "source" and within a day or so the attendant knows each patient's number by heart. As there are sometimes nearly 4,000 patients, drinking mainly from three "sources," you can imagine this is quite a considerable feat of memory.

The treatment is provided in first, second and third class. For example the first class foot bath is taken in a private cabin and the attendant dries your feet with two towels. In the second class you have only one towel and you dry your own feet. In the third class you use a communal foot bath in the basement, though I do not think you have to dry your feet with a handkerchief. In the second class "gargles" men and women are



strictly segregated. If you desire mixed gargling you must take first class. For a large fee you can have your "demi bain" in the "bain de luxe" of inlaid marble, which is the showpiece of the establishment. Respiratory re-education in quite a violent manner is provided for those who require it.

An "after-cure" of two to three weeks in the alps is recommended for those who can afford it.

Doctors, of course, are treated free—medical students half price.

The lighter side of life is also provided for in the form of a Casino and public park complete with Rumba Band and "Bar du Soleil" for your aperitif. Two or three "boites de nuit" function rather haphazardly; the patients are generally too exhausted to make very merry, though gala nights at the casino are well attended. By custom the doctors of the spa have always been admitted free to the Casino. At one time, however, the management decided that they must in future pay for admission. The doctors retaliated by forbidding their patients to go out dancing or gambling in the evening as it

would interfere with their treatment. After the casino had been empty every evening for a while the management rescinded their decision. The doctors then obliged by advising their patients not to take the cure too seriously but to relax now and again, suggesting that a visit to the Casino occasionally would do them no harm.

For those who like walking there is plenty of scope, and one or two surrounding farms provide cream cheese and cream and pancakes and honey that are really worth walking to. There is also a nine hole golf course, a roller skating rink, a funicular railway, a "teleferique," numerous coach tours and all the other "advantages" of a modern mountain resort.

Of recent years efforts have been made to establish Mont Dore as a winter sports centre and it is advertised as "les champs de neige le plus pres de Paris." There is even talk of opening the Thermal Establishment in the winter. Then I suppose we shall enjoy the novel sight of seeing a succession of asthmatics ski-ing back not for their aperitif, but to their afternoon foot bath.

ANNOUNCEMENTS

CHANGE OF ADDRESS

Mr. M. A. Carpenter to Bury's Court, Leigh, Reigate, Surrey.

CHRISTIAN UNION

The Annual Freshmen's Meeting of the Christian Union will be held in the Hospital Library on Thursday, October 6th, at 4.30 p.m.

The speaker will be Mr. H. J. Seddon, M.A., D.M., F.R.C.S. (late Nuffield Professor of Orthopaedic Surgery at the University of Oxford), present Director of the Institute of Orthopaedics, London. The chair will be taken by Professor Sir James Paterson Ross, K.C.V.O., M.S., F.R.C.S.

ROUND THE FOUNTAIN

There have been four editions of "Round the Fountain," the last in 1927. The fifth is now in preparation, and will be ready for Christmas sale. The best of the previous editions has been augmented by selections from the past twenty years, and the book will be bound in cloth.

The price will be four shillings, and an order form will appear in the November and December numbers.

THE JOURNAL

Contributions must reach the Editor by the first Tuesday in the month for inclusion in the following number.

IN OUR LIBRARY XIV

NICHOLAS CULPEPER'S "THE ENGLISH PHYSICIAN" 1773

by JOHN L. THORNTON

THE name of Culpeper is still a household word, despite the fact that the bearer with whom we are concerned died almost three hundred years ago. His name is intimately connected with herbals, a fascinating subject that remains widely popular in this country, particularly in rural areas. He is also renowned as arch-quack, astrologer, and opponent of the College of Physicians, the members of which were jealous of Culpeper's popularity. His methods of treatment differed little from those of the recognised medical profession, and a glance at the 1618 edition of the *Pharmacopœia* of the College confirms that Culpeper's ingredients, fantastic as they may appear to modern ideas, were mostly officially recognised therapeutic agents.

Nicholas Culpeper was born in London on October 18th, 1616, the son of a clergyman, and spent a short period at Cambridge where he acquired a good knowledge of Greek and Latin. He studied the old writers on medicine, and became apprenticed to an apothecary of St. Helen's, Bishopsgate, before setting up as an astrologer and physician in Red Lion Street, Spitalfields, about the year 1640. During the Civil War he was seriously wounded in the chest while fighting on the side of the Parliamentarians.

In 1649 Culpeper published an English translation of the *Pharmacopœia* issued by the College of Physicians, bearing the title *A physical dispensatory, or a translation of the London dispensatory*. The College of Physicians was extremely annoyed that its formulæ should be made available to the public, and Culpeper was strongly attacked by the medical profession. But he was little perturbed, and in 1654 issued a new edition of his book with the title *Pharmacopœia Londinensis*, [etc.]. Among Culpeper's numerous other writings should be mentioned *A directory for midwives*, 1651; *Galen's Art of physic*, 1652; *Idea universalis medica practica*, 1652; *The English physician enlarged*, 1653; *Anatomy*, 1654, and *A new method of physic*, 1654. Several of these went into many editions, and when he died on January 10th, 1653/4, he is said to have left seventy-nine books in manuscript. He left also a wife and seven children, and Mrs. Alice Culpeper invited Peter Cole, who had

printed most of Culpeper's books, to issue the posthumous manuscripts. However, Nathaniel Brooks, a rival bookseller, published several works bearing Culpeper's name, some of which are probably authentic. When Peter Cole published *Two books of physick*, [etc.] in 1656, Mrs. Culpeper denounced *Culpeper's Last legacy* (the subject of an interesting note by G. C. H. Chandler in the August issue of this Journal) as in part a forgery, and partly "an undigested Gallimawfrey." Many of Culpeper's works were published posthumously, and owing to the success of his writings, many forgeries were issued bearing his name. This was not unusual at a period before copyright was adequately recognised.

Our Library contains a copy of the 1683 edition of *Pharmacopœia Londinensis*, and *The English physician enlarged with three hundred and sixty-nine medicines, made of English herbs, that were not in any impression until this . . .* By Nich. Culpepper, Gent. *Student in Physick and Astrology*, London 1733. This latter contains an alphabetical table of herbs and plants, with the planets governing them. It records the various names known to the author of each herb; a description; where found; times of leaves, flowers and seeds; and government and virtues. At the end of the volume the author gives instructions on the preparation of conserves, preserves, pills, ointments and poultices, while the index lists ailments, referring readers to the pages on which these are treated.

A few extracts reveal a little of the character of the author of the book. He possessed a keen sense of humour, gives personal information on his experiences, mentions the limits of his experience, and obviously at times writes with his tongue in his cheek: "*Amara dulcis*. It is excellent good to remove witchcraft both in men and beasts . . . It purgeth the body very gently, and not churlishly, as some hold: And when you find good by this, remember me." (p.2.)

"*The Bramble, or Black-Berry-Bush*. If any ask the reason why *Venus* is so prickly? Tell them, 'tis because she is in the House of *Mars*." (p. 48.)

"*Cowslips, or Peagles*. If the flowers be not well dried and kept in a warm place, they

will soon putrify and look green: Have a special eye over them. If you let them see the *Sun* once a month, it will do neither the *Sun* nor them harm." (p. 101.)

He could not resist having an occasional dig at the College of Physicians:

"Bees are industrious, and go abroad to gather honey from each plant and flower; but drones lie at home, and eat up what the bees have taken pains for: just so do the College of Physicians lie at home, and domineer, and suck out the sweetness of other men's labours and studies, themselves being as ignorant in the knowledge of herbs as a child of four years old." (p. 144.)

A cure for baldness is suggested:

"*The Peach-Tree*. If the kernals be bruised and boiled in vinegar until they become thick, and applied to the head, it marvellously procures the hair to grow again

upon bald places, or where it is too thin." (p. 244.)

And a final example emphasizes the vein of humour that runs through the volume:

"*Plums*. All plums are under *Venus*, and are like women some better some worse." (p. 259.)

Nicholas Culpeper was undoubtedly a quack, but was no worse than were the majority of medical men living in the seventeenth century, despite the efforts of enlightened teachers such as William Harvey. Culpeper was popular with the poorer classes, and was generous to those in need. He took advantage of the prevailing ignorance of the period, but was "as free of his purse as of his pen." Nich. Culpeper certainly entertained his readers, though he failed to cure their ailments, and his writings can still be perused with this object in view.

WHY READ THE JOURNAL?

"WHY should I read the JOURNAL?" asks an angry student, thoughtfully tearing his yellow-covered shillingsworth into tiny shreds and dropping them on the Abernethian Room floor. "Why, indeed," we murmured, thoughtlessly echoing his sentiments. Then we wondered.

Were we misguided to read the JOURNAL so patiently? Or would we also be wiser to add our copy to the stock of assorted litter on that self-same floor?

Carefully we questioned our destructive friend. He spoke volubly. "There is so much good literature in the world, so much that I would discover, that I cannot bear to waste valuable reading-time perusing a student-controlled magazine. Why, I might even become magazine-minded. This habit of flitting through magazines is one to be eschewed. It is a bar to serious reading, a damper on the intellect, a dam to the well-spring of Higher Thought...."

He said more. He warmed to his theme and waxed eloquent. I felt humble. This, then, was why I was not a Great Force in the world to-day. This contemptible rag—I felt my copy go limp in my hands—was the reason why I was illiterate. I remembered bitterly that my only claim to erudition lay in having had "Eric or Little by Little" read to me at my nursemaid's knee. Tears of rage mingled with those of gratitude for my nursemaid. But perhaps all was not lost. I, too, would destroy my copy: I, too, would

sneer at the labours of those who compiled this worthless magazine. Friends and teachers they might be, but I would read their works no more.

Eagerly I interrupted my instructor. He concluded a splendidly constructed sentence, then inclined a gracious ear.

"I am resolved," I said, "to read this rag no more. I will read Great Books instead. I will start today—or rather (bitterly I realised that I had read my copy) next month."

Then a thought struck me.

"How long," I asked him, "does it take to read this JOURNAL?"

He thought long enough for me to notice that he was shredding a page labelled "Sport and Examination Results."

"About twenty minutes," he imagined.

I felt suddenly sick at heart. Twenty minutes meant just four hours a year! A glorious vision faded abruptly. I had seen myself, at the end of this year, I supposed, expounding with easy familiarity the lesser Russian novelists.

"About twenty minutes?"

Sadly I watched him start on the back cover and admired his little heap of confetti. Then a fierce gust of wrath shook me. My only excuse for what happened is that I was blinded with disappointment. Recklessly I kicked and scattered his little paper pile. Too late I realised that I had destroyed the work of twenty minutes.

J.McO.

SPORT RIFLE CLUB

This brings the Club to the end of its first year of activity since 1938 and so it is useful to record briefly some of the events of the past year. Having got the range at the Cripplegate Institute and the necessary equipment available, the main difficulty at the onset was to find a consistent team. With no previous scores by which to judge this took some time and may possibly be the reason why we lost so many of our .22 matches in the London University League during the first three months. It was encouraging, however, to notice that when, about halfway through the .22 season, we had aperture instead of blade foresights fitted to the rifles, our scores rose immediately to figures which more nearly approximated to those of our opponents.

London University League match results:—

v. University College (lost)	525—581
v. Imperial College "B" (lost)	542—568
v. London Hospital "A" (lost)	567—573
v. King's College "B" (lost)	531—583
v. Queen Mary College (lost)	564—573
v. King's College "A" (lost)	565—582
v. London Hosp. "B" (drawn)	560—560
v. St. Mary's Hospital (lost)	567—577
v. Imperial College "A" (lost)	567—568

Despite the results we enjoyed the League matches very much and are looking forward to giving some of the teams a better run for their money next season. The discovery of several promising shots makes this the more likely.

Also on the miniature range the match started in 1908 of Staff versus Students was restarted. This proved to be an exciting event resulting in the Students retaining the cup, though by a very small margin, and saw some brilliant shooting on the part of the Staff, Dr. Potter making top score of 98/100.

Staff 562, Students 566.

The Individual Club Competitions were shot off in March and R. E. G. Gosling had an easy win in the Lady Ludlow Cup with a score of 97. B. D. Lascelles and J. S. Bunting were second, equal with 94. J. S. Bunting was unlucky in the Waring Handicap Cup when he was again second—M. C. Hall winning by a fraction of a point.

The following people with five or more shoots to count obtained averages of over 90 per cent.

	No. of shoots	Average
1st B. D. Lascelles	27	97.6%
1st G. C. R. Morris	5	97.6%
3rd J. S. Bunting ...	11	96.7%
4th M. C. Hall ...	12	94.2%
5th R. E. G. Gosling	10	94.0%
6th H. G. Scott ...	11	92.1%
7th C. M. Vickery	6	91.3%
8th D. N. Stathers	14	91.2%
9th R. G. Newill...	6	91.0%

(H.P.S. = 100)

B. D. Lascelles made three "possibles" during the season but unfortunately none were scored during matches.

.303 Season—Bisley

During the months of May and June we made several journeys to Bisley on Saturdays to practice for the Inter-Hospitals Cup. For anyone fortunate enough to run a car—and for his friends who obtained a lift in it—the journey down was very

pleasant. We were fortunate, too, in that the weather was fine on every occasion on which we shot. The scores rose steadily with the practice and even those firing .303's for the first time were agreeably surprised by the small number of misses recorded.

On the first shoot B. D. Lascelles won the London and Middlesex Club daily handicap prize with 88 out of 100. On the next shoot G. C. R. Morris shot very well to win the Lady Waring Cup with a score of 92 out of 100, and the following time he won the Club N.R.A. Medal with 98 out of 105.

July 8th—Inter-Hospitals Cup day. It was with light hearts that the Bart.'s team travelled to Bisley, and it was this, coupled with the beautiful weather, that made the time so enjoyable. The reason for the light-heartedness was that at the first attempt since 1938 we had no serious hopes of victory and so were not worried as one usually is before a match of this kind. However, we did start to worry as soon as the firing commenced at 200 yards for one of the rifles, having fired the first sighter, ceased to function. Then on completing the 200 yards firing we found we were second, being three points behind Guy's Hospital. Despite these shocks we managed to complete the next shoot at 500 yards, the only mishap being the failure of a further rifle, and found ourselves still second, but now only one point behind the leaders. Then came the final shoot at 600 yards. By now the wind had become very tricky and we soon found that we lacked experience at this range. The other teams also had troubles here but our main rival, Guy's, kept remarkably clear of "maggies" and "outers," while our own scores showed several of these inexplicable shots. Bart.'s scores:

	200 yards	500 yards	600 yards	Total
B. D. Lascelles ...	34	32	32	98
G. C. R. Morris ...	31	33	30	94
J. S. Bunting ...	29	31	28	88
M. C. Hall ...	31	29	27	87
C. M. Vickery ...	33	28	20	81

Total ... 448

Final result:

1st Guy's ...	461
2nd St. Bart.'s ...	448
3rd St. Mary's ...	430

The Benetfink Cup for the highest score in the team was awarded to B. D. Lascelles whose score of 98 out of 105 was the highest score of the day. G. C. R. Morris, with 94, shared the second highest with two from the London Hospital and one Guy's man.

In August we had the very good news that work was to go ahead on the repair of the Hospital's 25-yard range. This means that the notice outside the refectory giving information about the range may at last become applicable again. It is hoped that the repairs will be completed in time to use the range in October and that this will enable far more people to drop in and have a shoot, thus increasing our chances of finding new talent for the teams.

We are going to arrange several handicap competitions in the near future so that people of all standards will have an interest—we hope there will be a good number of entries.

The Annual General Meeting is to be held on Monday, October 17th.

READ ALL ABOUT IT

The professors of Yale University have selected the Kinsey Report as one of the outstanding books of the year.

Evening Standard, June 3rd, 1949

The sex life of the human male,
A subject once beyond the pale,
By approbation quiet ecstatic
Now becomes a new Yale classic.
The private life of half a nation,
Classified by occupation;
With interesting notes and news
From thirteen thousand interviews.
The vagaries of Cupid's darts,
Are all turned into graphs and charts,
With aberrations masochistic
Printed in a style statistic.
The orgies of Parisiana
Are put to shame by Indiana,
Oh! When will Congress start to purge
The un-American sexual urge!

F. W.

CHRISTIAN UNION

During the past year meetings were held at which the relevance of Christian belief and practice for to-day was shown.

At the Annual Freshmen's Meeting, held in the Library, Dr. Frederick W. Price, M.D., C.M., F.R.C.P., took the chair, while Mr. D. Bentley Taylor was the speaker.

The Vicar, Canon E. F. Donne, conducted a monthly service for students. The meetings during the lunch hour on Fridays were held in St. Bartholomew's-the-less. Speakers dealt with a wide range of subjects. Among those who dealt with various problems facing students, Dr. O. R. Barclay gave a Christian view of Evolution; while a psychiatrist, Dr. Whitteridge, discussed questions presented to him by students.

The essential Christian message of Christ as "the Way, the Truth and the Life," was presented in one series of meetings, while another was concerned with objections to the Christian faith. Christian doctrines were treated by a number of speakers who also showed their application to daily living.

Missionary interest was both stimulated and informed by missionary speakers: it was a pleasure to welcome some old Bart's men back from mission fields.

In addition, meetings for prayer were held in the chapel at the same time daily, except on Tuesdays, when the time was devoted to Bible study. St. John's Gospel was read with much profit.

One meeting was held at Charterhouse Square.

The Union's association with the Inter-Varsity Fellowship enabled members to attend two Clinical Medical Students' Conferences, where advice and help was received from members of the medical profession.

PLYMOUTH SPECIAL HOSPITAL MANAGEMENT COMMITTEE

The Isolation Hospital, Beacon Park Road,
Plymouth.

Resident Assistant Medical Officer (B.1)
(Male, unmarried)

Applications are invited for the above wholtime appointment. The duties are chiefly in connection with fevers, venereal diseases and early tuberculosis, and applicants should be able to drive a car.

Salary £500 per annum, together with full residential emoluments. Previous general hospital house appointments essential.

The appointment will be for a period of six months in the first instance, mutually renewable for a further six months, subject to any alterations of salary and conditions which may be in force at that time. Appointment is terminable by one month's notice on either side.

Applications from practitioners holding B1 appointments cannot be considered unless ineligible for H.M. Forces.

Applications should be sent to the Medical Superintendent, at the above address, as soon as possible, enclosing copies of two recent testimonials.

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BOOK REVIEWS

AN INTRODUCTION TO CARDIOLOGY, by Geoffrey Bourne. Edward Arnold & Co., London, 1949. Pp. 294. Price 18s.

This book is based on the lectures on cardiology given by the author at St. Bartholomew's Hospital and is intended to give the student help in understanding those cardiovascular diseases which are commonly encountered in the wards and in practice. The emphasis throughout is on disordered function of the heart. Heart failure is discussed in the early part of the book, and is followed by sections on the various factors which may produce heart failure. The clinical descriptions are excellent and the student will find these more helpful than the formal descriptions in the standard textbooks. There is little mention of the applied physiology of heart failure and a fuller discussion would make the book more valuable to the clinical students. Electrocardiographic changes are described in terms of changes in the three standard limb leads, a full description of the multiple precordial leads which are now coming into general use being wisely omitted in a book of this scope. There are numerous illustrations of the radiological changes in heart disease.

There are certain parts of the book which might be modified in a subsequent edition. The place of thiourea derivatives in the treatment of thyrotoxic heart disease is not clear; thiouracil itself is rarely used now and it is doubtful if blood counts every two days are necessary during treatment. The importance of thromboembolism in patients with coronary thrombosis is insufficiently stressed and the student may be required to know something of the controversial subject of anticoagulants. The chapter on bacterial endocarditis follows traditional lines, but it would be helpful if there was a further discussion on the change in the disease caused by the introduction of penicillin treatment.

As the title implies, the book is not intended to be a complete text-book of cardiology. It can safely be recommended to students as an introduction to the study of diseases of the cardiovascular system and it will certainly stimulate their interest in these diseases. G.W.H.

TEXTBOOK OF MEDICINE, by Sir John Conybeare. E. & S. Livingstone Ltd., 9th Edition, pp. xvi + 875. Price 30s.

Another edition of this popular book will be welcome in the eyes of the student. As before, it again offers an admirably concise exposition of the fundamentals of medicine and for a basis on which to build a sound knowledge of medicine it cannot be bettered. The printers must be congratulated on the reconstruction in shape and size which appears for the first time in this edition and which has given the book an altogether more attractive appearance. It is to be regretted that the classification of nephritis still follows the old pattern and not that of Professor Ellis but tradition dies hard and the matter is still one of considerable controversy.

AIDS TO MATERIA MEDICA FOR NURSES, by Miss Squibbs. Baillière, Tindall & Cox, 3rd Edition, pp. xvi + 216. Price 5s.

A great deal of useful information is given in a compact form but the anti-histamine drugs are not included, and the statement on p. 108 that an enema rash is an example of serum sickness seems somewhat unguarded. W.H.

THE NATIONAL HEALTH SERVICE, by Charles Hill and John Woodcock. Christopher Johnson, 1949. Pp. 283 + cl. Price 16s.

This is a very complete account of the complicated workings of the National Health Act, written by two authors who are in a peculiarly well-informed position.

Those seeking information on the structure and functions of the Health Act will find here an unbiased and factual account of the subject, and this book will be an invaluable reference work for all those who find themselves either happy or unwilling cogs in the machine of State medicine, be they patients, doctors or administrators.

A detailed study of this book serves to emphasise how great is the need for drastic amendment of certain features of the National Health Act, but in making these remarks the reviewer does not seek to detract from the value of this book.

PRACTICAL ORHOPTICS IN THE TREATMENT OF SQUINT, by T. Keith Lyle and Sylvia Jackson. H. K. Lewis, 1949. 3rd edition. Pp. xii + 251, 151 illus. Price 35s.

There is a detailed account of the instruments in common use in an orthoptic department, which is followed by chapters describing the diagnosis and treatment of the various types of squint and muscle imbalance.

The clinical applications are stressed throughout, and excellent illustrations and diagrams enliven a lucid text.

The book is primarily intended for orthoptists and ophthalmologists; other practitioners seeking enlightenment in the mysteries of squint work may find it a little bewildering. J. H. D.

THE THEORY AND PRACTICE OF MASSAGE AND MEDICAL GYMNASICS, by Beatrice M. G. Copestake. H. K. Lewis, 1949. 7th edition. Pp. x + 488, 24 plates, 212 illus. Price 21s.

This book suffers from the same disadvantage as all books that attempt to give a comprehensive outline of all physiotherapy treatments—the field is too large and the detail is therefore inadequate.

The chapters on lung diseases and peripheral nerve injuries are clear and up-to-date.

Unfortunately several chapters—notably the early ones dealing with the effects and uses of massage and exercises—have not been brought into line with modern physiological knowledge, and some of the claims made, such as "Massage aids the distribution of subcutaneous fat," or abdominal massage "strengthens the abdominal wall and the muscles of the intestines," can only be called quackery, and will rightly call forth derision from any member of the Medical Profession who might read them.

The illustrations are excellent—but this cannot be called a text-book of Modern Physiotherapy, apart from the chapter on lung diseases and peripheral nerve injuries and the brief mention of suspension therapy. T. W.

A SHORT HISTORY OF OPHTHALMOLOGY, by Arnold Sorsby. Staples Press, 1948. 2nd edition. Price 8s. 6d.

This little book is divided into some 10 short chapters, each dealing with some particular aspect of ophthalmology, such as anatomy, cataract and spectacles.

Most of the more recent work of the last half century has evidently been deliberately omitted, but there is a scholarly and very readable survey of the knowledge of the ancient civilisations and of the developments of the 17th and 18th centuries, when the science of ophthalmology emerged from the charlatanism of the Middle Ages.

J. H. D.

CUNNINGHAMS MANUAL OF PRACTICAL ANATOMY, revised and edited by J. C. Brash, M.C. Vols. II and III. Oxford University Press, 1949. 11th edition. Price 21s.

Whilst the review of Vol. I, printed in the May, 1949, edition of this Journal, fairly covers the further two volumes, additional comment must be made about Vol. III.

In this new edition, the order for dissection of the brain has been reversed, so that it now proceeds from the hind-brain upwards. Although agreeing with the editor that this is the more logical method, it is obvious that, in laboratories where the older system is in operation, the student dissector, who finds the brain difficult to understand as it is, will find this alteration somewhat inconvenient.

RECENT PAPERS BY BARTS MEN

- ALCOCK, R. J. (and FLETCHER-JONES, H. C.). Abdominal injury from lightning. *Lancet*, May 14, 1949, pp. 823-5.
- ARCHER, H. E. Tests of renal function. *Practitioner*, 163, July, 1949, pp. 43-8.
- *ATKIN, M. (and others). The mortality from cancer of the skin and lip in certain occupations. *Brit. J. Cancer*, 3, March, 1949, pp. 1-15.
- *ATKINSON, M. Ménière's syndrome; observations on vitamin deficiency as a causative factor. 1. The vestibular disturbance. *Arch. Otolaryngology*, 49, Feb., 1949, pp. 151-174.
- *BADENOCH, A. W. Congenital obstruction at the bladder neck. *Ann. Roy. Coll. Surg. Eng.*, 4, May, 1949, pp. 295-307.
- *BARBOUR, A. B. (Whittingham, Sir Harold and others). Medical fitness for air travel. *Brit. Med. J.*, April 9, 1949, p. 603.
- BETT, W. R. Osler, the medical historian. *Med. Press*, July 13, 1949, pp. 35-7.
- *BICKFORD, B. J. Mediastinal cysts of gastric origin; report of a case. *Brit. J. Surg.*, 36, April, 1949, pp. 410-413.
- BROOK, Charles W. Hospital management committees. *Med. World*, 70, July 1, 1949, pp. 637-9.
- *CAVE, A. J. E. The nasal fossa in the primates. *Brit. Med. Assoc. Proc. Annual Meeting*, 1948, pp. 363-6.
- *COLT, G. H. Aneurysm of the aorta treated by wiring. *Soc. Internat. de Chir.*, 1948.
- CULLINAN, E. R. Classification of chronic diarrhoea. *Proc. Roy. Soc. Med.*, 42, April, 1949, pp. 235-9.
- *D'SILVA, J. L. Action of adrenaline-like substances on the serum potassium. *J. Physiol.*, 108, March 15, 1949, pp. 218-225.
- FENNING, J. See ATKIN, M. (and others).
- FRANKLIN, A. W. The Osler Club of London. *Med. Press*, July 13, 1949, pp. 32-4.
- FRANKLIN, K. J. Grace Revere, Lady Osler. *Brit. Med. J.*, July 9, 1949, pp. 47-8.

ENURESIS, by R. J. Batty. Staples Press, 1948. 2nd edition. Pp. 103. Price 9s. 6d.

This is an excellent book for the general practitioner and specialist, of which the first edition was published in 1933. There is still considerable difference of opinion about the innervation of the bladder but the description on physiology in this book is as likely as any other. There are only four pages on the psychological factors and this fact lends weight to a book in which the author underlines throughout the commonsense approach to this very troublesome complaint. In his historical outline the author quotes from the Alexandrian physician, Paul of Aegina, the following remedy:—

"Burn the crop of a cock and give to the patient to drink in tepid water when fasting, or the flowers of the white Chrysanthemum in like manner; or shave down the testicle of a hare into fragrant wine and give to drink . . . Let the privy member be anointed with Cimolian Earth mixed with the juice of Pellitory of the wall."

Other endocrine treatments are outlined but the fact remains that we still know of no panacea with which to regulate the ebb and flow of toilet control.

- *GIBB, W. Eric. Pulsus paradoxus and pleurisy. *Brit. J. Tuberculosis*, 43, Jan., 1949, pp. 1-6.
- *GILLIES, Sir Harold. Team surgery in cancer. *Proc. Roy. Soc. Med.*, 42, March, 1949, pp. 176-183.
- *GOULDEN, F. and TIPLER, M. M. Experiments on the identification of 3:4-benzpyrene in domestic soot by means of the fluorescence spectrum. *Brit. J. Cancer*, 3, March, 1949, pp. 157-160.
- See also, ROBINSON, A. M. and—
- *HAMILTON, W. J. Early stages of human development. *Ann. Roy. Coll. Surg. Eng.*, 4, May, 1949, pp. 281-294.
- HEADY, J. A. See, ATKIN, M. and others.
- HERNANDEZ-JOHNSON, F. X-ray treatment in osteo-arthritis. *Rheumatism*, 5, April, 1949, pp. 44-7.
- *HEWER, C. Langton. Anaesthesia for thyroid surgery. *Proc. Roy. Soc. Med.*, 42, March, 1949, pp. 118-9.
- HORDER, Lord. My association with Osler. *Brit. Med. J.*, July, 9, 1949, p. 47.
- HOSFORD, J. P. Some aspects of partial gastrectomy. *Brit. Med. J.*, May 28, 1949, pp. 929-932.
- HOWELL, Trevor H. The A.B.C. of geriatrics. *Practitioner*, 163, July, 1949, pp. 67-9.
- Chronic rheumatic disease in the elderly. *Rheumatism*, 5, July, 1949, pp. 82-5.
- *— Geriatric rehabilitation. *Occupational Therapy and Rehabilitation*, 27, December, 1948, pp. 468-472.
- *HUBBLE, Douglas. Cushing's syndrome and thymic carcinoma. *Quart. J. Med.*, 18, April, 1949, pp. 133-147.
- *HUNT, Alan H. and MORGAN, C. Naunton. Complete rupture of the membranous urethra. *Lancet*, April 9, 1949, pp. 601-2.
- *— (Cole, P. P. and —). The treatment of cavernous haemangiomas and cirroid aneurysms by the injection of boiling water. *Brit. J. Surg.*, 36, April, 1949, pp. 346-352.